



## **APPROVAL PACKET**

**for**

***Emergency Medical Technician - Paramedic (EMT-P)  
Training Program***

***and***

***NREMT - EMT-P Transition Course***



# **Emergency Medical Technician - Paramedic (EMT-P) Training Program**

**and**

## **NREMT - EMT-P Transition Course**

### **Approval Packet**

California regulations require ICEMA to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician - Paramedic (EMT-P) Training Program and the National Registry of Emergency Medical Technicians (NREMT) - EMT-P Transition Course approval.

#### **REQUIREMENTS FOR EMT-P TRAINING PROGRAM APPROVAL:**

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 4. Emergency Medical Technician - Paramedic, Article 3. Sections 100149 - 100165 and referenced in the attached application and checklist.

*Complete and submit ICEMA EMT-P Training Program approval forms and checklist for EMT-P Training Program Approval.*

#### **REQUIREMENTS FOR NREMT - EMT-P TRANSITION COURSE:**

Only ICEMA approved EMT-P Training Programs will be approved to provide the NREMT - EMT-P Transition Courses.

*Complete and submit ICEMA Transition Course approval forms and checklist for NREMT - EMT-P Transition Course.*

# **EMT-P TRAINING PROGRAM**

## **I. PROCEDURES**

- A. Complete and submit the following to ICEMA:
  - Application for EMT-P Training Program Approval
  - Applicable Fees (See ICEMA Fee Schedule)
  - Checklist for EMT-P Training Program Approval
  - Hospital/Ambulance Affiliation Information Form
- B. The following should be retained by the Training Institution:
  - Certification Exam, i.e., passing grade
  - Attendance requirements, etc.
  - Certification Exam Eligibility, Clinical Time Verification Form
- C. Submit to ICEMA after completion of each course:
  - The ICEMA approved Training Course Record must be submitted within 15 days of course completion, typed or printed, and alphabetized.
- D. Submit to ICEMA by July 15 each year:
  - Summary of Training Program Student Completion

# NREMT - EMT-P TRANSITION COURSE

An individual wishing to maintain National Registry of Emergency Medical Technicians - Paramedic (NREMT - EMT-P) certification must successfully complete a NREMT Transition Course. Only ICEMA approved training programs, meeting the requirements below, will be approved to provide the transition courses.

- The NREMT - EMT-P Transition Course shall only be taught by ICEMA approved training programs.
- ICEMA approved training programs wishing to teach the transition classes must submit an application and curriculum that is consistent with the “gap content” identified in the National Association of State EMS Officials’ “National EMS Education Standards Transition Template”. Gap content can be accessed at the following web address:  
<http://www.nasemso.org/EMSEducationImplementationPlanning/documents/EMT-BasictoEMTJune2011.pdf>.
- ICEMA approved training programs providing the NREMT transition course shall ensure that students complete the ICS-100, ICS-700, and HAZMAT First Responder Awareness level training, or the equivalent to these courses, either as prerequisites or co-requisites to the transition course.
- Transition courses should be a minimum of 24 hours.
- ICEMA approved training programs providing transition courses must issue a tamper proof certificate of completion that includes within its title:
  - NREMT-Basic’s name
  - Transition course completion date
  - The certificate must contain the following statement: “*has completed a State approved EMT-Basic to Emergency Medical Technician (EMT) transition course*”
  - Signature of the individual responsible for the training

The following timeframes are allowed by the NREMT for completing the transition:

NREMT - EMT-P expires:	Complete EMT-P Transition by:
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016
March 31, 2013	March 31, 2017

## I. PROCEDURES

- A. Complete and submit the ICEMA Transition Course approval forms and checklist for NREMT Transition Course.
- B. Submit to ICEMA after completion of each course:
  - The ICEMA approved Training Course Record must be submitted within 15 days of course completion, typed or printed, and alphabetized.
- C. Submit to ICEMA by July 15 each year:
  - Summary of Training Program Student Completion

# Application for EMT-P Training Program Approval

☐ New    ☐ Renewal    ☐ Update    ☐ Transition Course

Program Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Training Site(s) Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Course Director \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

Clinical Coordinator \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

Principal Instructor \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

*Include evidence of 40 hours in teaching methodology or equivalent per COR Title 22, Division 9, Chapter 2, §100150 (C5)*

Teaching Assistant \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

Teaching Assistant \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

*Attach Copies of current resumes, CVs, licenses and qualifications for all personnel.*

*Attach Hospital and EMS Service Provider Contracts for clinical and field training)*

<b>Provider type</b> (check one) <input type="checkbox"/> Branch of the Armed Forces or Coast Guard of the US <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Licensed general acute care hospital <input type="checkbox"/> Agency of Government <input type="checkbox"/> Private post-secondary school <input type="checkbox"/> Other: Specify _____	<b>Type of Training Offered (Check all that apply)</b> <input type="checkbox"/> First Responder (for high school students) <input type="checkbox"/> EMT Basic / Initial Training <input type="checkbox"/> AEMT Basic / Initial Training <input type="checkbox"/> NREMT Transition Course <input type="checkbox"/> EMT Refresher Course <input type="checkbox"/> EMT Challenge Examination <input type="checkbox"/> Continuing Education (CE) classes <input type="checkbox"/> Other (CPR etc.) _____
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I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in CA Code of Regulations, Title 22, Division 9, Chapter 4 (Emergency Medical Technician-Paramedic).

\_\_\_\_\_  
Signed, Course Director

\_\_\_\_\_  
Date

*(ICEMA Use Only)*

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid

# CHECKLIST FOR EMT-P TRAINING PROGRAM APPROVAL

Materials to Submit with the Program Approval Application Form		Page No.	Check Completed
1.	Completed checklist for EMT-P program approval (this form)		<input type="checkbox"/>
2.	Application form for EMT-P training program approval		<input type="checkbox"/>
3.	Statement indicating eligibility for EMT-P training program approval		<input type="checkbox"/>
4.	Written request for EMT-P training program approval		<input type="checkbox"/>
5.	Proof of Accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)		<input type="checkbox"/>
6.	Statement verifying course content is equivalent to the US DOT National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077A, January 2009)		<input type="checkbox"/>
7.	An outline of course objectives		<input type="checkbox"/>
8.	Performance objectives for each skill		
9.	Name and qualifications of the course director, program medical director, principal instructor(s) and teaching assistant(s)		<input type="checkbox"/>
10.	Evidence the principal instructor (s) are qualified by education and experience that is documented by a minimum of forty (40) hours of instruction in teaching methodology per COR Title 22, Division 9, Chapter 2, §100150 (c5)		<input type="checkbox"/>
11.	Provisions for supervised hospital clinical training and supervised field internship including student evaluation criteria and standardized forms for evaluating EMT-P students; and monitoring of preceptors by the training program		<input type="checkbox"/>
12.	Location of courses offered and proposed dates		<input type="checkbox"/>
13.	Application fees		<input type="checkbox"/>
14.	Statement verifying written agreement(s) with a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training		<input type="checkbox"/>
15.	Statement verifying written contract(s) and agreement(s) with provider agencies for student placement for field internship training		<input type="checkbox"/>
16.	Samples of written and skills examinations administered for periodic testing		<input type="checkbox"/>
17.	A final written examination		<input type="checkbox"/>
18.	Statement verifying adequate facilities, equipment, examination security and student record keeping		<input type="checkbox"/>

Provide a Table of Contents listing required information with corresponding page numbers.

# CHECKLIST FOR NREMT - EMT-P TRANSITION COURSE

Materials to Submit for Course Approval		Page No.	Check Completed
1.	Letter to ICEMA requesting program approval		<input type="checkbox"/>
2.	Course curriculum that is consistent with the “gap content” identified in the National Association of State EMS Officials’ “National EMS Education Standards Transition Template”		<input type="checkbox"/>
3.	A statement verifying that students will complete ICS-100, ICS-700, and HAZMAT First Responder Awareness level training, or the equivalent to these courses, either as prerequisites or co-requisites to the transition course		<input type="checkbox"/>
4.	A statement stating the duration of the course (may be included in Item 2 above)		<input type="checkbox"/>
5.	A sample certificate of completion showing required items		<input type="checkbox"/>

**ICEMA STAFF USE ONLY**

Comments: \_\_\_\_\_

\_\_\_\_\_

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# EMT-P TRAINING PROGRAM

## HOSPITAL/AMBULANCE AFFILIATION INFORMATION

(ATTACH SIGNED AGREEMENT)

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Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT-P student.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT student:

Name: \_\_\_\_\_ **Level of Service** ☐ ALS ☐ BLS  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ ALS ☐ BLS  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



# EMT-P TRAINING PROGRAM

## NOTIFICATION OF PROPOSED COURSE

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PROVIDER NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Instruction: \_\_\_\_\_

County: \_\_\_\_\_

Address (if different): \_\_\_\_\_

COURSE/PROGRAM DIRECTOR: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fee \$ \_\_\_\_\_

\_\_\_\_\_  
Course Starting Date

\_\_\_\_\_  
Course Completion Date

\_\_\_\_\_  
Date of Written Certifying Exam

\_\_\_\_\_  
Date of Skills Certifying Exam

Submitted by: \_\_\_\_\_  
Name (Program Director)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*NOTE: This notification should be submitted to ICEMA not less than thirty (30) days before the start of the course. The Program Medical Director, Course Director and Principal Instructor Information Forms must either be on file at ICEMA or attached to this form prior to the start of the course. All instructors must be approved by ICEMA prior to the start of any course.*



INLAND COUNTIES EMERGENCY MEDICAL AGENCY  
1425 SOUTH "D" STREET  
SAN BERNARDINO, CA 92415-0060  
909-388-5823 FAX: 909-388-5825

## Training and Continuing Education Student Recap

Training Program Name \_\_\_\_\_ CE Provider No \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Training Site(s) Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Course Director \_\_\_\_\_

Reporting Year (July 1 – June 30) \_\_\_\_\_ to \_\_\_\_\_

*The following report must be submitted to ICEMA by all Training Courses and Continuing Education providers by July 15 each year whether or not any courses or CEs were provided.*

**Program Level** (total number of students completing training reporting year)

### Emergency Medical Response (EMR)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Update \_\_\_\_\_

### Emergency Medical Technician – Paramedic (EMT-P)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Update \_\_\_\_\_

NREMT Transition \_\_\_\_\_

### Emergency Medical Technician (EMT)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Update \_\_\_\_\_

NREMT Transition \_\_\_\_\_

### Mobile Intensive Care Nurse (MICN)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Update \_\_\_\_\_

### Advanced Emergency Medical Technician (AEMT)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Update \_\_\_\_\_

### Continuing Education

All CE Courses (not included above) \_\_\_\_\_